## RECEIVED

JAN 07 2016

## TOWN OF CLARKSTOWN HISHWAY DEPT.

## Workplace Violence Incident Report

Town of Clarkstown

Today's Date 1-7-16  Date and Time of Incident 3-27-15	•
Case Number (Assigned by Safety Department) 12 - 22 - 15	· · · · · · · · · · · · · · · · · · ·
Employee Name Victoria Mouche Job Title MEO 1	• `
Department & Workplace Location Carhotaun Highway Department 12 Seeger Dr. Nanuet NV	
Witness Name, Job Title and Phone Number	
Andy Lawrence HUSTIT	
Witness Name, Job Title and Phone Number  Stew Peters HMS I	
Witness Name, Job Title and Phone Number  Jeff (QWKING) (COST: INSAPCTOVIT	
Donny Werbech HMSI	
Indicate (circle) the type of violence the employee experienced (Level I, II, or III):	•
Level I	
Intimidation Bullying Verbal abuse Minimal harassment Shouting Swearing Obscene gestures False statements	
	ĺ

## Level-H

Psychological trauma, Suicide threat, Threat of assault, advanced harassment, shouted at directly, Swore at directly, Obscene calls, or messages, Being followed or stalked

L	e	٧	ei	Ш	

Shooting, Stabbing, Struck with an object, Sexual Assault, Pushing Grabbing, Punching, Slapping, Throwing objects, Homicide

Assallant / Perpetrator	X	Name	Address	City	State	Phone
Member of Public						
Employee's Spouse						
Employee's Significant Other			,			
Employee's Supervisor						
Employee's Co-Worker	X	Rony o'cornell	12 Separar Or.	Nanuet	M	EU 623-7500
Former Employee						
Other (Specify)						

Did Police respond to this Incident: YES or (NO)
Was a Police report Filed: YES o NO
If YES what is the Police report Number
Were you Injured: Yes or No
If Yes, describe Injuries:
Have you received medical treatment and or counseling since this incident: YES or NO.  Did you have any reason to believe this incident might occur? YES or NO.
Detailed Incident Description:
On whenher 25, 2014 at approximately 7:02 AM fory o'connect tried to this me in the partitude prior to this he physically oushed we in the peputel office and repetelly the to core my Fingers in doors. He spread rumas about we the told Danald will beck I was obsessed with him and that I want leave him alone the was vertically warned by Andy lawrence but continued to havair and buily me
on 3-26-15 He once again blocked me in The parking lof
preventing we from wring I was almost late for work.
ort 3-cre in third traverse tren or treat and little offer offer who

Town of Clarkstown Work Place Violence Prevention Plan	
Pory and Stell Peters. Pory admitted to pushing Me. 8 lefter was put in his file to Popefully stap him from name on 12-22-15 on le again he stanted hours asing my in the Use additional pages if necessary He has been very warned, ustill continues. The last incident that nappended I took auona cond he screamed "shot your Fuching Mouth!"	tom and a sing M. parming lot. Dritten up, an I'm to leave
What was the employee doing just prior to the incident?  Dhwng 1Nto work or working.	
Employee Name: Victoria Malone	
Employee Signature: Front Word Name Front Name	
Department Head Name: FRANK ON JONES SK	
	•
FOR INTERNAL SAFETY MANAGEMENT DEPARTMENT US	EONLY
Provide information on preventative actions that the Town has taken or is conside result of the incident to prevent against further like occurrences:	ring as a
	· · · · · · · · · · · · · · · · · · ·